

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized CommitteeRECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

12 FEB 23 PM 4:04

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Citizens for Josh Mandel

ADDRESS (number and street)

50 W Broad Street

Suite 1900

Columbus

OH

43215-5929

Check if different  
than previously  
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

C C00494930

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

OH

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M  
03D D  
06Y Y Y Y  
2012in the  
State of

OH

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M  
03D D  
06Y Y Y Y  
2012in the  
State of

OH

5. Covering Period

M M  
01D D  
01Y Y Y Y  
2012

through

M M  
02D D  
15Y Y Y Y  
2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kathryn D. Kessler

Signature of Treasurer

Kathryn D. Kessler

Date

M M  
02D D  
22Y Y Y Y  
2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)